

NON-RESIDENT RENEWAL INSTRUCTIONS AND INFORMATION PRIOR TO LICENSE RENEWAL

General Information

- License renewal period is May 1-June 30.
- All licenses will expire June 30. There is no grace period.
- For current Statutes and Rules, go to <https://doh.sd.gov/boards/pharmacy/>, under Quick Links are law book link options.
- License fee is \$200.
- Payment methods – Mastercard or Visa **ONLY**.
- User ID and password must be unique for each license.

You must complete the entire renewal application process from start to finish in one sitting

- Online system does not retain any information entered until the application has been submitted with payment process is complete.
- Have all of your renewal information and copies of documents for upload ready before beginning the online renewal process.

Required Documents to be Uploaded

- Current home state license, its equivalent, or a written explanation why one is not available. (A primary source verification does not fulfill this requirement).
- Most recent inspection conducted within the last 4 years by the home state regulatory or other inspecting entity. If inspection is not available, provide an explanation as to why.
- Documentation of corrections of all inspection report non-compliance noted by the home state regulatory or other inspecting entity.
- DEA certificate if dispensing controlled substances.
- Notarized Pharmacist-in-Charge Affidavit. Link to document (link goes to Licensure of Pharmacies page where document is located): <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- Notarized Supplemental Affidavit if pharmacist-in-charge is not sole owner of merchandise and fixtures. Link to document (link goes to Licensure of Pharmacies page where document is located): <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- A complete description of type of pharmacy practice (i.e. retail, hospital, compounding, central fill, central processing, etc. including a description of the prescription drugs and services provided to patients in South Dakota).
- Other states licensed in.
- Court documents if regulatory question(s) answered yes.
 - First regulatory question is: Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not been reported on the last renewal
 - Second regulatory question is: Has the pharmacy been disciplined in the last four (4) years?

Change of Ownership

- Along with above information, provide a diagram/listing of previous ownership structure and new ownership structure

After Application Submission Information

After your application has been submitted, the Board will:

- Review the application
- Email licensing contact if additional information is needed
- Approve or deny the application

You must log back into the account at https://sdbop.igovsolution.com/online/User_login.aspx

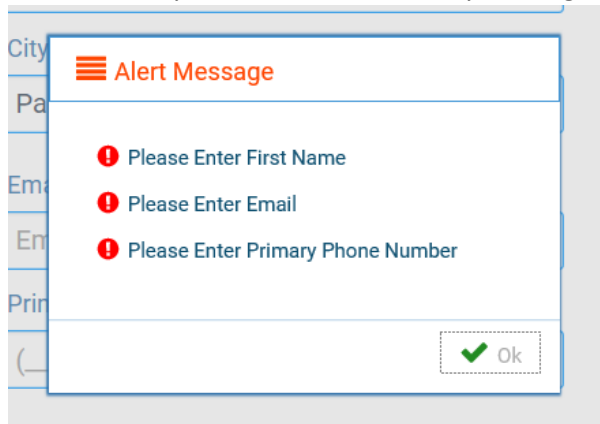
- To check application status
- Print license
- Print a receipt

Application status can also be done at:

- Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

General Notes

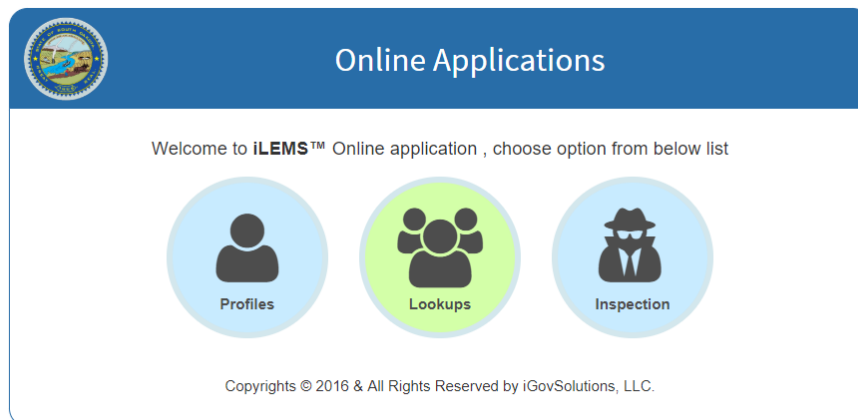
1. Mandatory fields are marked with a red * in all screens and all those have to be entered before clicking on next
2. If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below:




START RENEWAL PROCESS HERE

Profile

1. Click on this link (**Bookmark this page**): https://sdbop.igovsolution.com/online/User_login.aspx, then, within the Online Applications , click on Profiles



2. On clicking Profile, it will take you to the Online Profile Login – User Login / Sign up page. Click 'sign up'. Registration screen will then come up.

 South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login


User Name

User Name

Password

Password

Login

 Sign up

Forgot password

Mailing Address: 4001 W Valhalla Blvd, Sioux Falls, SD 57106 Phone: (605) 362-2737

- 2.1 On Registration screen select the permit type from the drop-down, enter the permit number, enter the Physical Zip (zip code of pharmacy location)

ONLINE BUSINESS PROFILE

Registration

Step 1 / 2

Please provide the information below.
Click here to verify your Permit #.

* Permit Type

Select License Type

* Permit #

Permit Number

* Physical Zip (If outside the United States, please enter the first 5 digits/characters of zip including space.)

Next

? Forgot Password

2.2 Click Next and enter the credentials in the below screen and click Submit

ONLINE BUSINESS PROFILE

Credentials

Step 2 / 2

* Email

Email

* Confirm Email

Confirm Email

* User Name

User Name

* Password

Password

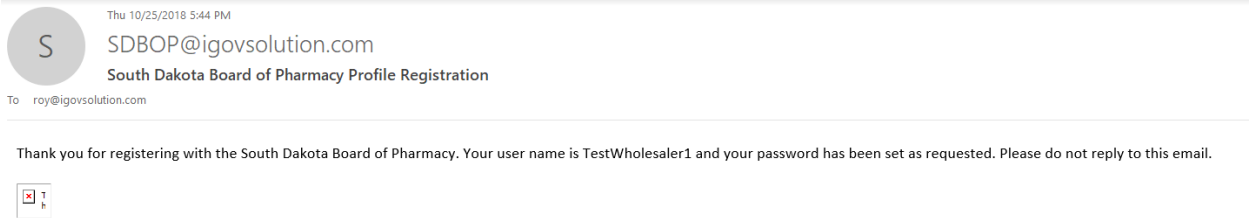
* Confirm Password

Confirm Password

Previous

Submit

2.3 Once user registration is successful, an e-mail will be sent to the e-mail that you provided during your registration, like below:



2.4 Use the User ID and password to login in the Profile page and it will take you to the MyProfile page like below:

South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login

User Name

User Name

Password

Password

Login

Sign up

Forgot password

Mailing Address: 4001 W Valhalla Blvd, Sioux Falls, SD 57106 Phone: (605) 362-2737

(Click the edit buttons to make changes to your information . To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information

Edit

Business Name

License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	
Full Time	1004			Current/Inactive		Renew Print

Primary Address

2.5 In the MyProfile page you can edit the information:

- Business Profile Information: In this section the Name of the Business, DBA is captured. Only Business Profile Information, Primary Address, Mailing Address Information, and Contact Information fields are editable.

Renewal

- After validating all the information in the MyProfile section click on the Renew icon in the Registration Information section

(Click the edit buttons to make changes to your information . To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information

Edit

Business Name

License Type


DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	
Full Time	1004			Current/Inactive		Renew Print

Primary Address

2. Renewal process will begin on next page after clicking 'yes' on the confirmation message

 Confirmation Message

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

☒ Yes ☐ No

3. It will take you to the Renewal screen where it will show the Non-Resident Pharmacy Renewal Instructions. After reviewing instructions, click on Next to begin the renewal.

NON-RESIDENT INSTRUCTIONS

General Information

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- Current home state license, its equivalent, or a written explanation why one is not available. (A primary source verification does not fulfill this requirement).
- Most recent inspection conducted within the last 4 years by the home state regulatory or other inspecting entity. If inspection is not available, provide an explanation as to why.
- Documentation of corrections of all inspection report non-compliance noted by the home state regulatory or other inspecting entity.
- DEA certificate if dispensing controlled substances.
- Notarized Pharmacist-in-Charge Affidavit. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- Notarized Supplemental Affidavit if pharmacist-in-charge is not sole owner of merchandise and fixtures. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- A complete description of type of pharmacy practice (i.e. retail, hospital, compounding, central fill, central processing, etc. including a description of the prescription drugs and services provided to patients in South Dakota).
- Other states licensed in.

Change of Ownership

- Along with above information, provide a diagram/listing of previous ownership structure and new ownership structure.

After Application Submission Information

After your application has been submitted, the Board will:

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4. Select application type of Renew and/or Change of Ownership.

NEW OR CHANGE OF OWNERSHIP APPLICATION

* What type of application is this (Check all that apply):

☐ Renew

☐ Change of Ownership

Previous

Next

4.1 If only Renew is selected, click next to continue.

4.2 If Change of Ownership is selected, provide the previous license number and provide a document showing your previous and new ownership structure.

☒ Change of Ownership

* Previous License Number

100-_____

* Previous and New Ownership Structure

4.3 Click next to proceed.

5. Pharmacy Information page.

5.1 Non-Resident Pharmacy Information at the top will prepopulate.

5.2 Type of Pharmacy.

5.2.1 Select all that apply for Type of Practice, provide your home state license number and expiration, upload a copy of your home state license or equivalent document, upload the description of type of pharmacy and either upload a document listing other states licensed in or fill the blank with the state(s) you are licensed in.

5.3 Pharmacist-in-charge information.

5.3.1 Attach notarized affidavit affirming pharmacist-in-charge understands SD Pharmacy laws/rules and intends to abide by the SD pharmacy law/rules.

5.4 License Preparer information. Check box if this application is being completed by the Pharmacist in Charge. If someone other than the pharmacist-in-charge is filling out the information, complete the License Preparer information section.

5.5 When complete, click next to continue.

PHARMACY INFORMATION

Non-Resident Pharmacy Information

* Legal Name of Business (must be the same as DEA title, if applicable) DBA Name (will also appear on SD Non-Resident license)

Address1 Address2 Address3

Zip City State

Pharmacy Email Phone Number Fax Number

* Type of Pharmacy (Check all that apply):
☐ Retail ☐ Hospital ☐ Sterile Compounding ☐ Non-Sterile Compounding ☐ LTC ☐ Mail Order
☐ Independent ☐ Chain ☐ Telepharmacy ☐ Central Fill ☐ Central Process ☐ Other

* Home State License Number * Home State License Expiration
Home State license or equivalent document

Description of Type of Pharmacy

* Other states licensed in

Pharmacist-in-Charge

* Pharmacist-in-Charge Home State License Number * Pharmacist-in-Charge Name * Average Hours Worked/Week
* Pharmacist-in-Charge Email * Pharmacist-in-Charge Phone Number

Notarized Affidavit affirming Pharmacist-in-Charge understand SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.

License Preparer Information

☐ Prepared by Pharmacist-in-Charge information

* Preparer Name * Preparer Title * Company Name
* Address1 Address2 Address3
* Zip * City * State
* Preparer Email * Preparer Phone Number Preparer Fax Number

6 Home State/DEA License/Inspection page.

6.1 Select Types of Prescription Drugs/Products Dispensed – check all that apply.

6.1.1 If DEA Controlled Substance is selected, provide your DEA license number and expiration date.

6.1.2 If Other is selected, provide an explanation.

6.2 Inspection. Select Type of Inspection and provide date of last inspection. Upload a copy of your last inspection, if no inspection, upload a document stating reason why there is none.

- 6.2.1** Answer 'Were there any deficiencies in the inspection identified above?'. If no, click next to proceed. If yes, upload the inspection correction document(s).

PHARMACY INFORMATION

Non-Resident Pharmacy Information

* Legal Name of Business (must be the same as DEA title, if applicable)
SERVE YOU RX

DBA Name (will also appear on SD Non-Resident license)
DBA Name

Address1
10251 INNOVATION DR STE 500

Address2
Address2

Address3
Address3

Zip
53226

City
MILWAUKEE

State
WI

Pharmacy Email
clerpac@serve-you-rx.com

Phone Number
(800) 759-3203

Fax Number
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* Type of Pharmacy (Check all that apply):
☐ Retail ☐ Hospital ☐ Sterile Compounding ☐ Non-Sterile Compounding ☐ LTC ☐ Mail Order
☐ Independent ☐ Chain ☐ Telepharmacy ☐ Central Fill ☐ Central Process ☐ Other

* Home State License Number
Home State License Number

Home State License Expiration
MM/DD/YYYY

Home State license or equivalent document [Attach Document](#)

Description of Type of Pharmacy [Attach Document](#)

* Other states licensed in
Other states licensed in [Attach Document](#)

Pharmacist-in-Charge

* Pharmacist-in-Charge Home State License Number
Pharmacist-in-Charge Home State License Number

* Pharmacist-in-Charge Name
Pharmacist-in-Charge Name

* Average Hours Worked/Week
Average Hours Worked/Week

* Pharmacist-in-Charge Email
Pharmacist-in-Charge Email

* Pharmacist-in-Charge Phone Number
() - /

Notarized Affidavit affirming Pharmacist-in-Charge understand SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.
[Attach Document](#)

License Preparer Information

☐ Prepared by Pharmacist-in-Charge Information

* Preparer Name
Preparer Name

* Preparer Title
Preparer Title

* Company Name
Company Name

* Address1
Address1

Address2
Address2

Address3
Address3

* Zip
Zip

* City
City

* State
Select State

* Preparer Email
Preparer Email

* Preparer Phone Number
() - /

Preparer Fax Number
() - /

[Previous](#) [Next](#)

7 Ownership page. Select the pharmacy's Type of Ownership.

OWNERSHIP

* Type of Ownership
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

[Previous](#) [Next](#)

7.1 If Sole Proprietorship is selected:

7.1.1 Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

7.1.2 Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement

to Application Affidavit.

The screenshot shows the 'OWNERSHIP' section of a form. Under 'Type of Ownership', 'Sole Proprietorship' is selected. The form includes fields for 'Name of Sole Proprietorship', 'Address1', 'Address2', 'Address3', 'City', 'Zip', 'State' (a dropdown menu), and 'Phone number'. There are also checkboxes for 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' and 'Notarized Supplement to Application Affidavit'. Navigation buttons 'Previous', 'Attach Document', and 'Next' are visible.

7.2 If Partnership is selected:

The screenshot shows the 'OWNERSHIP' section with 'Partnership' selected. A button 'Click Here To Add Partnership' is present. Below, there is a section for 'Partner/member/officer Information' with an 'Attach Document' button. The 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' question is also present. Navigation buttons 'Previous' and 'Next' are at the bottom.

- 7.2.1** Click on Click Here to Add More. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

This is a modal form titled 'Add more for partnership'. It contains fields for 'Name of Partnership', 'Address1', 'Address2', 'Address3', 'City', 'Zip', 'State' (a dropdown), and 'Phone Number'. At the bottom are 'Save' and 'Cancel' buttons.

- 7.2.2** Attach document that has the partner names and addresses.

- 7.2.3** Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the Notarized Supplement to Application Affidavit.

7.3 If Corporation is selected:

The screenshot shows the 'OWNERSHIP' section with 'Corporation' selected. A button 'Click Here To Add Corporation' is present. Below, there is a section for 'Partner/member/officer Information' with an 'Attach Document' button. The 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' question is also present. Navigation buttons 'Previous' and 'Next' are at the bottom.

- 7.3.1** Click on Click Here to Add More. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

The screenshot shows a modal window titled "Add more for Corporation" with a red close button in the top right corner. The form is divided into two columns. The left column contains fields for: * Name of Corporation (text input), Address2 (text input), * Zip (text input), * State (dropdown menu with "Select State" selected), and Address1 (text input). The right column contains fields for: * Address1 (text input), Address3 (text input), * City (text input), and * Phone Number (text input with a format guide "() - - "). At the bottom right of the form are "Save" and "Cancel" buttons.

- 7.3.2** Attach document that has the partner names and addresses.

- 7.3.3** Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.

7.4 If LLC is selected:

The screenshot shows the "OWNERSHIP" section of a form. Under "* Type of Ownership", there are checkboxes for Sole Proprietorship, Partnership, Corporation, LLC (which is checked), and Other. Below this is a "Click Here To Add LLC" button. Further down, under "Partner/member/officer Information", there is an "Attach Document" button. Below that is the question "Is pharmacist-in-charge sole owner of merchandise and fixtures?" with "Yes" and "No" radio buttons; "No" is selected. At the bottom, there is another "Attach Document" button for the "Notarized Supplement to Application Affidavit". "Previous" and "Next" buttons are at the bottom left and right respectively.

- 7.4.1** Click on Click Here to Add More. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

The screenshot shows a modal window titled "Add more for LLC" with a red close button in the top right corner. The form is divided into two columns. The left column contains fields for: * Name Of LLC (text input), Address2 (text input), * Zip (text input), * State (dropdown menu with "Select State" selected), and Address1 (text input). The right column contains fields for: * Address1 (text input), Address3 (text input), * City (text input), and * Phone Number (text input with a format guide "() - - "). At the bottom right of the form are "Save" and "Cancel" buttons.

- 7.4.2** Attach document that has the partner names and addresses.

- 7.4.3** Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.

7.5 If Other is selected:

OWNERSHIP

* Type of Ownership
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☒ Other

* Name of Entity
Name of Entity

* Address1
Address1

* Address2
Address2

Address3
Address3

* Zip
Zip

* City
City

* State
Select State

* Phone number
() - -

Partner/member/officer Information
[Attach Document](#)

Is pharmacist-in-charge sole owner of merchandise and fixtures? ☐ Yes ☐ No

[Previous](#) [Next](#)

7.5.1 Provide the name, address, and phone number of the entity (all fields that have a red asterisk need to be provided).

7.5.2 Attach document that has the partner names and addresses.

7.5.3 Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.

7.6 Click next to continue

8. Employees page.

EMPLOYEES

☒ Staff Pharmacists ☐ None [Click Here To Add More For Staff Pharmacists](#)

Or Upload List Below

☒ Registered Technicians currently working at this location ☐ None [Click Here To Add More For Registered Technicians](#)

Or Upload List Below

☒ Pharmacist Interns currently working at this location ☐ None [Click Here To Add More For Pharmacist Interns](#)

Or Upload List Below

Full Listing of Pharmacists, Technicians, and Interns [Attach Document](#)

[Previous](#) [Next](#)

8.1 Check box by each type of employee to indicate if there are pharmacists, technicians, or interns currently working at this location. There will be options to manually input each employee **OR** upload a full listing of pharmacist, technicians, and intern currently working at this location.

8.2 If a manual upload is desired for pharmacists, click on Click here to Add More for Staff Pharmacists, input the pharmacist's license number and fields will populate.

Staff Pharmacists

* Staff Pharmacist Home State License Number
Staff Pharmacist Home State License Number

* Staff Pharmacist Average Hours Worked/Week
Staff Pharmacist Average Hours Worked/Week

Staff Pharmacist Name
Staff Pharmacist Name

[Save](#) [Cancel](#)

8.3 If a manual upload is desired for technicians, click on Click here to Add More for Registered Technicians, input the technician's registration number and fields will populate.

Registered Technicians

* Registered Technician Registration Number

Registered Technician Name

* Registered Technician Average Hours Worked/Week

Save Cancel

8.4 If a manual upload is desired for interns, click on Click here to Add More for Pharmacist Intern, input the intern's registration number and fields will populate.

Pharmacist Interns

Or Upload List Below

* Pharmacist Intern Registration Number

Pharmacist Intern Name

* Pharmacist Intern Average Hours Worked/Week

Save Cancel

8.5 When complete, click next.

9. Prescription Drug Monitoring Program (PDMP) page. Select one of the options.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

☐ This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

☐ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP

Previous Next

9.1 If this location will be reporting to the PDMP and the first box was chosen, click next to continue.

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

☒ This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

☐ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP

Previous Next

- 9.2** If this location is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen, choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP. Explanation boxes may have required response(s). Once complete, click next to continue.

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☐ This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

☒ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP

*** Request for Waiver/Exemption from PDMP Reporting (Check all that apply):**

☐ Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

☒ Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

☒ Other

*** Dispenser NEVER dispenses ANY controlled substances in Schedule II III and IV in, Provide an explanation**

Explanation

*** Explanation(Other)**

Explanation

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10. Regulatory Question page.

REGULATORY QUESTION

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not been reported on the last renewal? ☐ Yes ☐ No

Has the pharmacy been disciplined in the last four (4) years? ☐ Yes ☐ No

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- 10.1** Answer yes or no to each question.

- 10.2** If both questions are answered no, click next to continue.

- 10.3** If either question is answered yes, an explanation will need to be filled in the explanation box as well as uploading of documents regarding the incidents.

REGULATORY QUESTION

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not been reported on the last renewal? ☒ Yes ☐ No

*** Explanation**

Explanation

*** Court Document(s)**

[Attach Document](#)

Has the pharmacy been disciplined in the last four (4) years? ☒ Yes ☐ No

*** Explanation**

Explanation

*** Attach discipline document(s)**

[Attach Document](#)

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- 10.4** Once complete, click next to continue.

11. Application Input Preview page. This is where you can review the application prior to submitting. Use the scroll bar on the right to go through the information. Once reviewed, click next to continue.

APPLICATION INPUT PREVIEW

NON-RESIDENT INSTRUCTIONS

General Information

- License renewal period is May 1-June 30.
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12. Affirm and Submit page. Select the checkbox stating ‘I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the Board. I declare and affirm under the penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.’

12.1 Type in your E-signature fill in debit/credit, card type (only Visa or Mastercard is accepted), person’s name on card, card number, expiration date (mm/yy), and the 3-digit number security code. All the fields are mandatory. Click on submit.

12.2 Once successfully submitted you will get a System generated auto reference number, if needed you can note down that System generated auto reference number for your future reference, if needed.

AFFIRM AND SUBMIT

☐ I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the Board. I declare and affirm under the penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

* E-Signature

* Date

Renewal Fee

* Debit /Credit

* Card Type

* Person's Name on Card

* Card #

* Expiration Date (MM/YY)

* Security Code (3-digit number)

[Previous](#) [Submit](#)

Please note that after you click the Submit button, you cannot make changes to your application.

13. Once application has been reviewed by the Board and has been issued, log back into your account, in the Registration Information section, click on ‘Print’ to print your license. Licenses are no longer mailed out.

[My Profile](#)

(Click the edit buttons to make changes to your information . To renew your license, click on "Renew" in the Registration Information section.)

Business Profile Information

Business Profile Information [Edit](#)

Business Name

License Type

DBA

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	
Full Time	1004			Current/Inactive		Renew Print

Primary Address